

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number--U <b>10527</b>	2 Fiscal Year Covered From <b>1 / 1 / 2004 Through 12 / 31 / 2004</b>
3 Name and address of person filing Name <b>Gaylan Z Prescott</b>  P O Box Bldg Room No if any <b>Suite C</b>  Street <b>618 14th Avenue</b>  City <b>Longview</b>  State <b>Washington</b> ZIP Code +4 <b>98632</b>	4 Name file number and address of labor organization Name <b>United Steelworkers of America</b>  Labor Organization File Number <b>000 094</b>  P O Box Building and Room Number if any <b>International HQ</b>  Street <b>Five Gateway Center</b>  City <b>Pittsburgh</b>  State <b>Pennsylvania</b> ZIP Code +4 <b>15222-1261</b>
5 Position in labor organization <b>Staff Representative</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <b>Wah Chang Inc</b>  Trade Name if any  P O Box Bldg Room No if any <b>P O Box 460</b>  Street  City <b>Albany</b>  State <b>Oregon</b> ZIP Code +4 <b>97321</b>	7 a Nature of Interest, Transaction or Income <b>Around Feb 2004 our members employed at Wah Chang recieved a safety recognition award from the employer. The safety award was a Leatherman brand pocket knife/tool and I recieved this safety recognition award (a Leatherman pocket knife/tool)</b>  7 b Amount  <b>\$40</b>

### Signature

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On **08/15/2005**

**360-577-4581**

Date

Telephone Number

Name of Person Filing <b>Gaylan Prescott</b>	File Number <b>U</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9 Business deals with ✓</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<b>11 b Approximate dollar value of such dealing</b> <span style="float: right;">\$0</span>
	<b>12 a Nature of interest held or income received</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<b>12 b Amount</b> <span style="float: right;">\$0</span>

**C-Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14 a Nature of payment</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b> <span style="float: right;">\$0</span>